

## 2006 State Aid Application Form Instructions

These instructions apply to the following:  
***County, City-County, Consolidated or Municipal Voted Tax  
Supported Library Districts***

**Please choose the forms according to the type of library you are.**

	Instruction form: Application	Application form	Instruction form: Trustee	Trustee form
Municipal Voted Tax Supported Library Districts ( <i>library supported by a voted property tax</i> )	2	7	8	9
Consolidated Library Districts	2	5	8	10
City-County Library Districts	2	6	8	11
County Library Districts	2	6	8	12
Regional Library Districts –(select form needed for each district).	2	6,7 and/or	8	13

**Date & Location**—Fill in the date the report was prepared and the name(s) of city or county/counties the library serves.

**Reporting period**—Fill in the beginning and ending dates of the fiscal year of this report (your most recent full fiscal year). Libraries having fiscal years ending June 30, 2005 shall consider July 1, 2004 to June 30, 2005 their most recent full fiscal year.

***Items 1-8 to be completed by Library Director.***

*Insert the word “none” in blanks where questions are not applicable.*

**Item 5**—Give county or counties that the library serves. Consolidated libraries give date of consolidation.

**Item 7**—Give the total amount of State Aid funds received during the fiscal year of this report. Do not include any Equalization funds your library might have received during this reporting period.

**Item 8**— Check one or more items to show how your library used State Aid funds received during the fiscal year of this report. If available, give an estimated amount budgeted to each category. This information will be used in the FY2006 budget request for State Aid. Do not include any Equalization funds or Athlete & Entertainer tax funds your library may have received during this reporting period.

***Items 9-17 to be completed by City or County official (clerk, collector, treasurer).***

*Refer to forms filled out by library district and supplied to State Auditor’s office to determine allowable tax levy for fiscal year of this report for items 10 and 14.*

**Item 9**—Official population of the city using 2000 U.S. Census figures will be provided.

**Item 10**—See 182.480 RSMo. Give the total assessed valuation of the City for the fiscal year of this report.

**Item 11** – Report the actual library tax rate set by the library board and LEVIED during the fiscal year of this report (on \$100 valuation).

**Item 12** – Report library tax income for the fiscal year of this report. Report actual amount COLLECTED on assessed valuation and include delinquent and intangible taxes.

**Item 13** – Report library tax rate on December 31, 1946 or on date of library's establishment (if library was established after 1946) (on \$100 valuation).

**Item 14** – Report library tax rate suggested by the State Auditor's Office for compliance with the Hancock Amendment during the fiscal year of this report (on \$100 valuation).

**Item 15** – What is the current rate as approved by voters? (on \$100 valuation)

**Item 16** – If Item 11 is less than .10 (ten cents) or less than the amount reported on Items 13 or 14, check the reason for the reduction

- ☐ Reduction due to Hancock rollback
- ☐ Voluntary reduction determined by the Library Board
- ☐ Other (please state)

**Item 17** – Certification signed by city or county official who provided the information. Include title of the official and their telephone number. No wording of the certification section may be changed in any way by the city or county official.

***Certification By Library Officials*** (reverse side of application form)

\_\_\_\_\_ Signed by Librarian.

\_\_\_\_\_ Signed by Treasurer of Library Board (RSMo 181.060.3 requires this to be the Treasurer who was elected by the Library Board, or may be another Board member officially designated by the Board bylaws to serve in the Treasurer's absence. If the signature is from another Board member, please attach documentation to show authorization).

\_\_\_\_\_ Application must be notarized.

\_\_\_\_\_ Please, proofread your completed application.  
Are all blanks filled in? Are all required signatures completed?

\_\_\_\_\_ State Aid Application and List of Trustees forms must be sent by certified mail (or any other means that will give you proof of date sent) and **postmarked by June 30, 2005.**

Mailing address:

**State Aid Application  
Missouri State Library  
600 West Main Street, PO Box 387  
Jefferson City, MO 65102-0387**